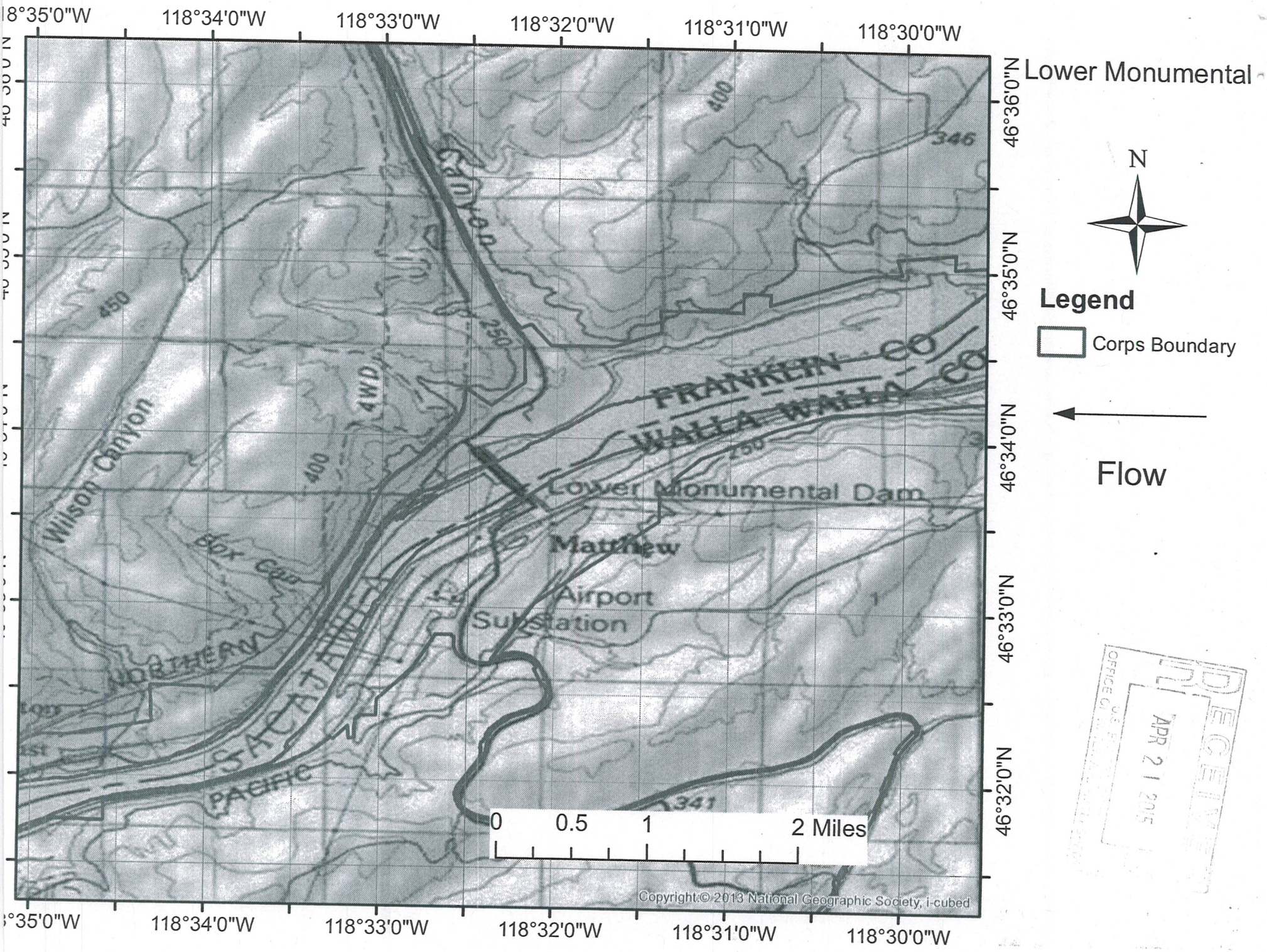
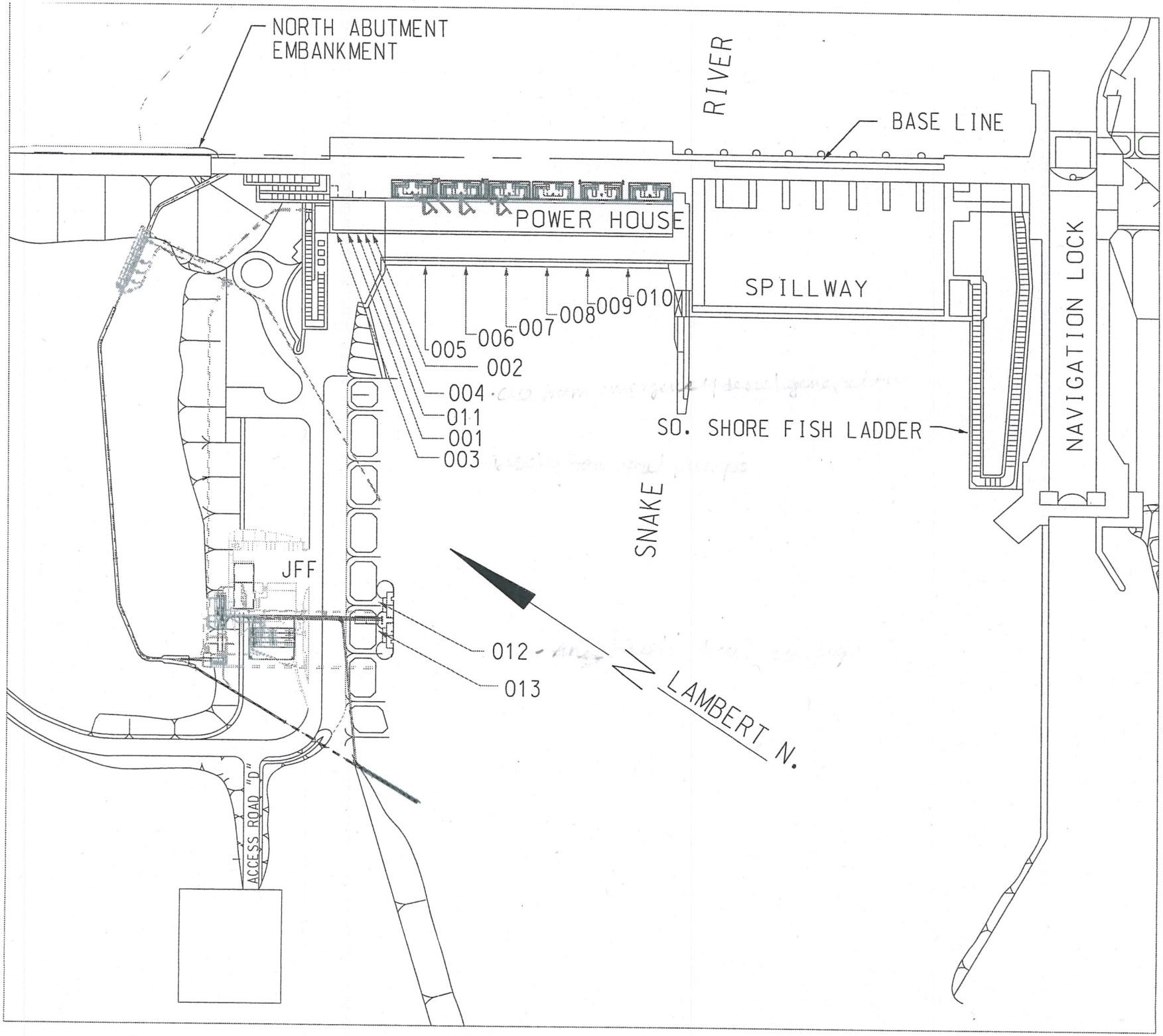
CPermit Application Review Checklist

Part (1) Application Receipt and Registration *To be completed by the Permit Clerk*	
Facility Name: Lower Monumental Lock and Dam	
Permit Number:	
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal :	4/21/2015
Date Application is Received in OWW:	4/21/2015
Note: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	----------
Date application package and Checklist are routed to Review Coordinator:	5/4/2015
Date Application Information logged into E-database:	5/4/2015
Permit Clerk Sign off & Date: Audrey Washington	5/4/15
Part (2) Application Review for Timeliness & Completeness *To be completed by Review Coordinator*	
Permit Writer of the Month (name): John Abbotts	
A. If Application is determined to be Timely and Complete: 1) Date Determination letter sent to Applicant: 2) **Go to C**. below	
B. If Application is determined to be Incomplete:	

1. Date Incomplete letter sent to Applicant: 2. Date additional information is due to R10: 3. Date additional information is received: 4. Date Application is determined complete: 5. Date Timely & Complete letter sent to Applicant: 6. **Go to C** below	
C. Check for Industrial Storm water: 1. Is the facility an Industrial Facility? 2. A municipal discharger discharging greater than 1 MGD? Or 3. Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm 4. If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. --- 5. Go to **E**	
D. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below	
E. Date package is routed to NCU Database Manager: (**Note**: NCU Database Manager is to receive copies of all correspondence along with application and this checklist)	
Application Information logged into E-database	
Review Coordinator Sign off and Date	
Part (3) ICIS/PCS Database Entry *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

Data-entry Staff (name):	
Date permit information is entered into ICIS/PCS:	
Date permit information is returned to NCU Database Manager:	
Date application, letters and this Checklist are routed to Permit Clerk:	
Date Application Information logged into E-database:	
NCU Database Manager Sign off & Date	
Part (4) Final Filing of Application in Permit File *To be completed by Permit Clerk*	
Date Application, letters and checklist are filed in Permit File:	
Date final information on application review process entered into E-database:	
Permit Clerk Sign off & Date:	
Comment Section:	




NORTH ABUTMENT
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RIVER
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POWER HOUSE
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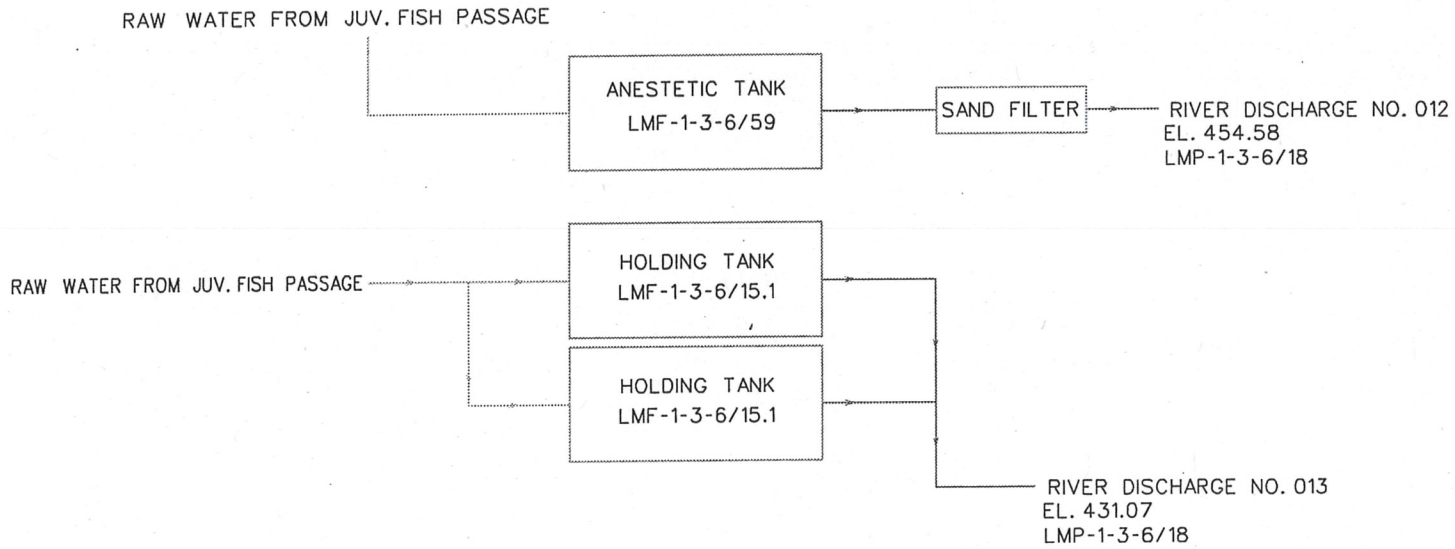
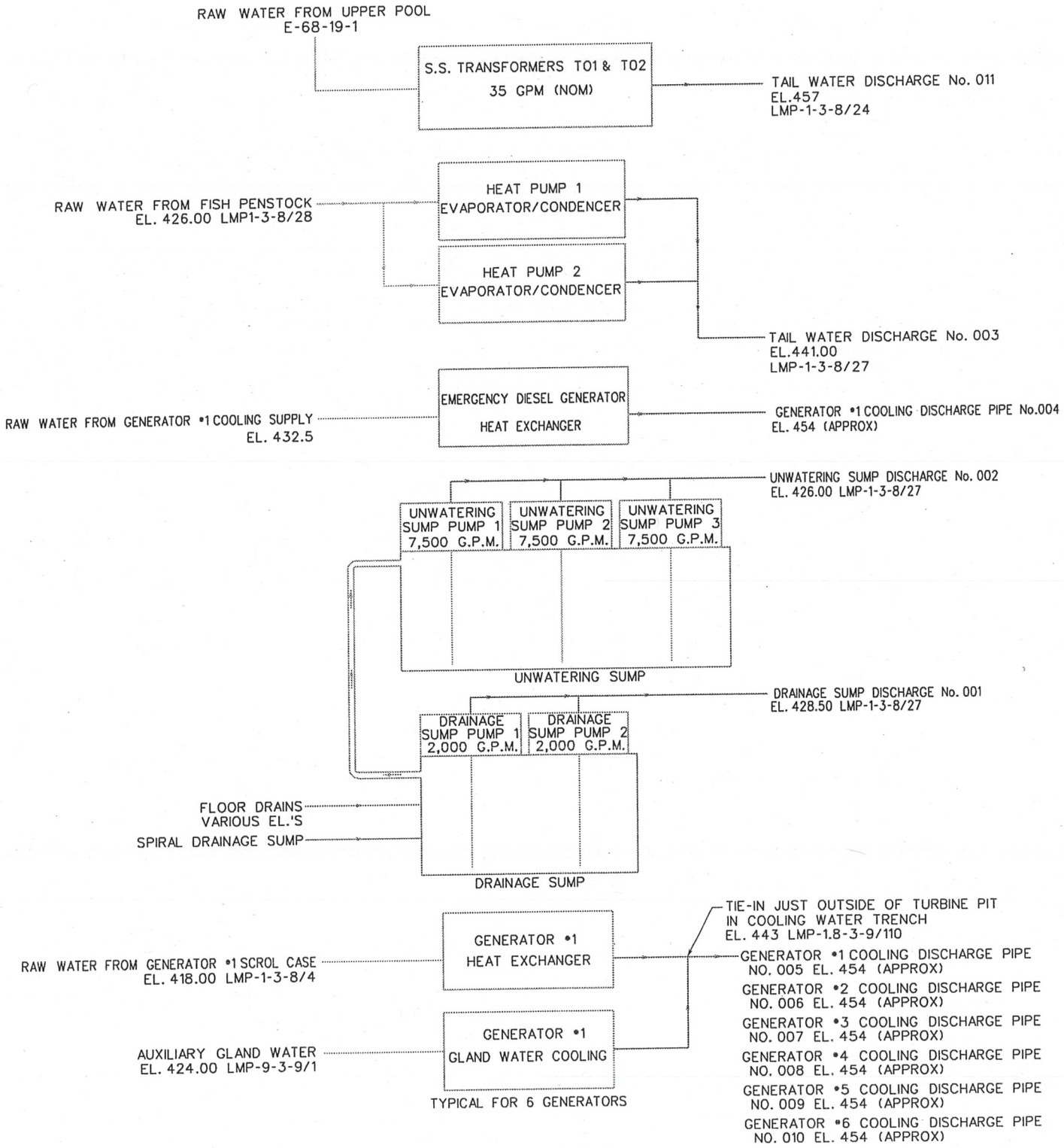
LAMBERT N.
ACCESS ROAD "D"



LOWER MONUMENTAL LOCK AND DAM
JFF PROCESS WATER BLOCK DIAGRAM



LOWER MONUMENTAL LOCK AND DAM
POWERHOUSE PROCESS WATER BLOCK DIAGRAM

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D
1 2	13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

RECEIVED APR 21 2015 U.S. EPA OFFICE OF WATERSHED PROTECTION

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
	16	17	18
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
	22	23	24
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
	28	29	30
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
	34	35	36
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
	40	41	42
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	43	44	45

III. NAME OF FACILITY

C 1 SKIP: Lower Monumental Lock and Dam

15 | 16 – 29 | 30 | 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: C 2 Witham, Robert, Operations Manager (15 | 16 | 45)

B. PHONE *(area code & no.)*: (509) 282-7251 (46 | 48 | 49 | 51 | 52 | 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: C 3 PO Box 10 (15 | 16 | 45)

B. CITY OR TOWN: C 4 Kahlotus (15 | 16 | 40)

C. STATE: WA (41 | 42)

D. ZIP CODE: 99335 (47 | 51)

RECEIVED APR 21 2015 U.S. EPA OFFICE OF WATERSHED PROTECTION

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: C 5 5520 Devil's Canyon Rd (15 | 16 | 45)

B. COUNTY NAME: Franklin County (46 | 70)

C. CITY OR TOWN: C 6 Kahlotus (15 | 16 | 40)

D. STATE: WA (41 | 42)

E. ZIP CODE: 99335 (47 | 51)

F. COUNTY CODE *(if known)* (52 | 54)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 4911 *(specify)*	7 N/A *(specify)*
C. THIRD	**D. FOURTH**
7 N/A *(specify)*	7 N/A *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: 8 US Army Corps of Engineers

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

F *(specify)*

D. PHONE *(area code & no.)*: A (509) 282-7251

E. STREET OR P.O. BOX: PO Box 10

F. CITY OR TOWN: B Kahlotus

G. STATE: WA

H. ZIP CODE: 99335

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER *(specify)***
9 U	9 *(specify)*
C. RCRA *(Hazardous Wastes)*	**E. OTHER *(specify)***
9 R WA0960014496	9 *(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

RECEIVED
APR 21 2015
U.S. EPA REGION 10
OFFICE OF WATER AND WATERSHEDS

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
LTC Timothy R. Vail District Commander		

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	46.0(	33.0(	51.0(	118.(	32.0(	26.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See FLow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. **Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. **New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs/day	<2.0 mg/L	0.00 lbs/day	<2.0 mg/L	1.00	
Total Suspended Solids (TSS)	67.25lbs/day	2.8 mg/L	62.35lbs/day	2.8 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1.0 mg/L	0.0 lbs/day	<1.0 mg/L	1.00	
*Chemical oxygen demand (COD)	202.0lbs/day	8.41 mg/L	187.3lbs/day	8.41 mg/L	1.00	
*Total organic carbon (TOC)	51.88lbs/day	2.16 mg/L	48.10lbs/day	2.16 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 2000 GPM		2.67 MGD			
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	20.10 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

The drainage sump collects water from floor drains, turbine pits, leakage and misc sources in the dam. There are two pumps, each capable of discharging 2000 gpm for the drainage sump. The pumps cycle on and off to maintain level in the discharge sump. During the summer when flows into the drainage sump are relatively low the pumps run a combined average of 12.5 hours per day. During the winter when flows are high, both pumps run continuously. Over the course of an entire year the pumps run a combined average of 22.25 hours per day.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

During the winter months the two drainage sump pumps are not able to keep up with the inflows. When levels in the drainage sump reach a certain level they overflow into the unwatering sump and are discharged into the Snake River by seperate pumps in the unwatering sump.

Please see attached sheet for additional information.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1)	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
002	46.0(	33.0(	51.0(	118.(	32.0(	25.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*
05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)*	*(or)*	*(4)*
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00		
Total Suspended Solids (TSS)	288.2lbs/day	3.2 mg/L	161.7lbs/day	3.2 mg/L	1.00		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00		
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00		
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00		
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00		
*Total organic carbon (TOC)	144.1lbs/day	1.6 mg/L	81.91bs/day	1.6 mg/L	1.00		
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00		
Discharge Flow	Value 7500 gpm		6.06 MGD		1.00		
pH *(give range)*	Value 7.00-8.00				1.00		
Temperature *(Winter)*	°C		°C		0.00		
Temperature *(Summer)*	16.70 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 002 is the Powerhouse unwater sump.

The unwatering sump runs intermittently Over the course of an entire year the pumps run a combined average of 13.5 hours per day.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
003	43.0(	33.0(	51.0(	118.(	32.0(	26.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	42.0 lbs/day	2.8 mg/L	42.0 lbs/day	2.8 mg/L	1.00	
Total Suspended Solids (TSS)	1111 lbs/day	74.0 mg/L	1111 lbs/da	74.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	420.3lbs/day	28.0 mg/L	420.3lbs/day	28 mg/L	1.00	
*Total organic carbon (TOC)	42.0 lbs/day	2.8 mg/L	42.0 lbs/day	2.8 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1250		1.80 MGD		1.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	20.70 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Outfall 003 is the discharge from the heat pumps.

The heat pumps run continuously during the summer and winter. During the spring and fall when temperatures are more moderate the heat pumps will cycle off and on.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
004	46.0(	33.0(	51.0(	118.(	32.0(	26.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* Number of Measurements Taken *(last year)*	*(or)* *(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	23.2 lbs/day	4.3 mg/L	0.03 lbs/day	4.3 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	7.0 lbs/day	1.3 mg/L	0.01 lbs/day	1.3 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	9.7 lbs/day	1.8 mg/L	0.01 lbs/day	1.8 mg/L	1.00	
Ammonia *(as N)*	0.2 lbs/day	0.035 mg/L	0.00 lbs/day	0.035 mg/L	1.00	
Discharge Flow	Value 450 gpm		0.0009 MGD		1.00	
pH *(give range)*	Value 8.00-9.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	23.00 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water for the emergency diesel generator is only required when it is running. It runs briefly every month for 15 to 30 minutes as part of a planned maintenance schedule. The diesel generator runs for about 4 hours per year. In the case of a power emergency the diesel generator could be run for extended periods of time.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
005	46.0(	33.0(	50.0(	118.(	32.0(	25.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1500 GPM		2.16 MGD			
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

EPA Form 3510-2E (8-90)

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water for the main units is only discharged when they are operating.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Outfalls 005-010 are substantially identical discharges of non-contact cooling water from each main unit.

Main Unit #1 was not running at time of sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
006	46.0(	33.0(	49.0(	118.(	32.0(	24.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. **Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. **New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1500 GPM		2.16 MGD			
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water is only discharged when the main units are operating.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit #2 was not running at time of sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
007	46.0(	33.0(	48.0(	118.(	32.0(	23.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	108.11bs/day	6 mg/L	108.11bs/day	6 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	43.2 lbs/day	2.4 mg/L	43.2 lbs/day	2.4 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1500 GPM		2.16 MGD		1.00	
pH *(give range)*	Value 8.00-9.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	21.60 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water is only discharged when main unit #3 is operating.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
008	46.0(	33.0(	47.0(	118.(	32.0(	23.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*
01/01/1981

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0 lbs/day	<2 mg/L	0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	43.2 lbs/day	3.0 mg/L	43.2 lbs/day	3.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.00 lbs/day	<0.05 mg/L	0.00 lbs/da	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	37.5 lbs/day	2.6 mg/L	37.5 lbs/day	2.6 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1200 GPM		1.73 MGD		1.00	
pH *(give range)*	Value 8.00.9.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	21.30 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water is only discharged when main unit #4 is operating.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
009	46.0(	33.0(	46.0(	118.(	32.0(	21.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

01/01/1981

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1200 GPM		1.73 MGD			
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water is only discharged when main unit #5 is operating.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit #5 was not running at time of sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
010	46.0(	33.0(	46.0(	118.(	32.0(	21.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

01/01/1981

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1200 GPM		1.73 MGD			
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Cooling water is only discharged when main unit #6 is operating.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit #6 was not running during sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
011	46.0(	33.0(	51.0(	118.(	32.0(	25.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* Number of Measurements Taken *(last year)*	*(or)* *(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0 lbs/day	<2 mg/L	0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	1.3 lbs/day	6.2 mg/L	1.3 lbs/day	6.2 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	0.4 lbs/day	1.9 mg/L	0.4 lbs/day	1.9 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 18 GPD		0.026 MGD		1.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	20.30 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

T01 station transformer cooling water is discharged continuously regardless of whether or not the transformer is operating. When the transformer is not operating there is effectively no heat load. This unit functions as the primary station transformer and is continuously operated. The combined discharge of T01 and T02 could not be sampled as one. Both T01 and T02 make up outfall 011.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
011	46.0(	33.0(	51.0(	118.(	32.0(	25.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	1.1 lbs/day	5.1 mg/L	1.1 lbs/day	5.1 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.02 lbs/day	0.072 mg/L	0.02 lbs/day	0.072 mg/L	1.00	
Oil and Grease	0.3 lbs/day	1.2 mg/L	0.3 lbs/day	1.2 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	0.5 lbs/day	2.2 mg/L	0.5 lbs/day	2.2 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs/day	<0.03 mg/L	0.00 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 18 GPM		0.026 MGD		1.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	18.40 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

T02 station transformer cooling water is discharged continuously regardless of whether or not the transformer is operating. When the transformer is not operating there is effectively no heat load. This unit functions as the backup station transformer and is rarely operated. The combined discharge of T01 and T02 could not be sampled as one. Both T01 and T02 make up outfall 011.

6/16/15 - T01 & T02 go to ~~sump~~. drains sump.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
012	46.0(	33.0(	45.0(	118.(	32.0(	35.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.24 lbs/day	29.6 mg/L	0.24 lbs/day	29.6 mg/L	1.00	
Total Suspended Solids (TSS)	0.04 lbs/day	5.5 mg/L	0.04 lbs/day	5.5 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.49 lbs/day	71 mg/L	0.49 lbs/day	71 mg/L	1.00	
*Total organic carbon (TOC)	0.16 lbs/day	24 mg/L	0.16 lbs/day	24 mg/L	1.00	
Ammonia *(as N)*	.0003lbs/day	0.038 mg/L	.0003lbs/day	0.038 mg/L	1.00	
Discharge Flow	Value 0.57 GPM		0.0008 MGD		1.00	
pH *(give range)*	Value 7.42				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	19.20 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

On days when fish sampling is occuring, the anesthetic tank is drained into the river daily. Sampling occurs every other day in April, every day May 1 to August 16, and every other day August 18 to October 1. MS-222 is discharged on those days.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

MS222 is used to anesthetize salmonids prior to handling to minimize risk to the fish.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
013	46.0(	33.0(	46.0(	118.(	32.0(	33.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

05/28/1969

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	0.02 lbs/day	3.6 mg/L	0.02 lbs/day	3.6 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.00 lbs/day	<0.05 mg/L	0.00 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.2 lbs/day	24 mg/L	0.2 lbs/day	24 mg/L	1.00	
*Total organic carbon (TOC)	0.03 lbs/day	5.3 mg/L	0.03 lbs/day	5.3 mg/L	1.00	
Ammonia *(as N)*	.0002lbs/day	0.031 mg/L	.0002lbs/day	0.031 mg/L	1.00	
Discharge Flow	Value 0.52 GPM		0.0007 MGD		1.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	17.60 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Treated water is released an average of 15 times per day on days that fish sampling occurs. Sampling occurs every other day in April, every day May 1 to August 16, and every other day August 18 to October 1. Discharge contains MS-222.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

MS222 is used to anesthetize salmonids prior to handling to minimize risk to the fish.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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VII. OTHER INFORMATION

Lower Monumental Project

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

TEMP °C	pH	BOD mg/L	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L
18.0	8.00	<2.0	3.3	<5	1.73	0.045	ND	ND

In addition to the outfalls specifically identified in this permit application Lower Monumental Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 6 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of water from the scroll case to the turbine runner and other in-water equipment. During the lubrication process grease is pushed through equipment and can be released directly to the river. The system automatically greases the bushings when the unit is operating per manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.